

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	A K - A M		
<b>O.I.P.E. CLASSIFIER</b>		59	5-221
<b>FORMALITY REVIEW</b>	MHB	GS4	6/25/01
<b>RESPONSE FORMALITY REVIEW</b>			

JC4/954

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	Original 6/5/01
1	✓
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6	✓
7	✓
8	✓
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34	↓
35	✓
36	✓
37	✓
38	↓
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50	↓

Claim	Date
Final	Original 6/5/01
51	✓
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Claim	Date
Final	Original
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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